

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2829

Applicant: Brent Gilgen et al.
Title: CAPACITOR FOR USE IN AN INTEGRATED CIRCUIT

Docket No.: 303.778US1
Filed: August 30, 2001
Examiner: Evan Pert

Serial No.: 09/945555
Due Date: N/A
Group Art Unit: 2829

Commissioner for Patents
Washington, D.C. 20231

We are transmitting herewith the following attached items (as indicated with an "X"):

- ☒ A return postcard.
- ☒ An Information Disclosure Statement (1 pg.), Form 1449 (1 pg.), and copies of 22 cited documents.

If not provided for in a separate paper filed herewith, Please consider this a PETITION FOR EXTENSION OF TIME for sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 19-0743.

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By: Daniel J. Kluth
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Reg. No. 32,146

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on this 7th day of April, 2003.

Andrew J. Kaul
Name

[Signature]
Signature

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S/N 09/945555

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JIS**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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INFORMATION DISCLOSURE STATEMENTAssistant Commissioner for Patents
Washington, D.C. 20231

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. §1.97(b), it is believed that no fee or statement is required with the Information Disclosure Statement. However, if an Office Action on the merits has been mailed, the Commissioner is hereby authorized to charge the required fees to Deposit Account No. 19-0743 in order to have this Information Disclosure Statement considered.

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

BRENT GILGEN ET AL.

By their Representatives,

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612-373-6904Date April 7, 2003By Daniel J. Kluth
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Andrew J. Kaul
Name[Signature]
Signature

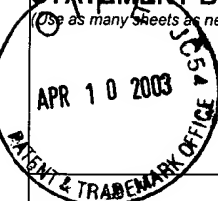
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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

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Sheet 1 of 1

Complete if Known

Application Number 09/945555

Filing Date August 30, 2001

First Named Inventor Gilgen, Brent

Group Art Unit 2829

Examiner Name Pert, Evan

Attorney Docket No: 303.778US1

US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	Filing Date If Appropriate
	US-2001/0008784	07/19/2001	Noble, Wendell P.	438	239	02/08/2001
	US-5,049,517	09/17/1991	Liu, Yauh-Ching, et al.	437	52	11/07/1990
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FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	T ²
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OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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EXAMINER

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Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of form with next communication to applicant. 1 Applicant's unique citation designation number (optional) 2 Applicant is to place a check mark here if English language Translation is attached